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The Maudsley Hospital and the Rockefeller Foundation: The Impact of Philanthropy on Research and Training

EDGAR JONES* AND SHAHINA RAHMAN**

ABSTRACT: Opened in February 1923 to raise the status of academic psychiatry in the UK, the Maudsley Hospital struggled to secure grant income. Without a track record of published research and lacking internationally recognized clinicians, it failed to impress the British Medical Research Council. To challenge leading U.S. and German departments of neuropsychiatry, Edward Mapother, the medical superintendent, looked overseas for investment in an “institute of psychiatry.” Intense lobbying and a modified strategy for research and training designed to meet the Rockefeller Foundation’s prioritization of psychiatry and medical specialization ultimately led to a significant endowment. Alan Gregg and Daniel O’Brien at the Foundation played a pivotal role in re-defining the Maudsley’s programs of research and teaching. Pressure on Mapother to attract funding was matched by that on administrators required to show that their philanthropy had yielded tangible gains in public health. While wealthy charities, like the Rockefeller, often had a vision of the direction that they wished to pull medical science, and they provided much needed income, the impact of their policy agenda was not without drawbacks. Institutions unwilling to embrace a charity’s philosophy were unlikely to secure grants, while those that did might find themselves drawn into less optimal areas. **KEYWORDS:** Maudsley Hospital, Rockefeller Foundation,

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psychiatric research, mental illness, grants, training, medical education, philanthropy.

MEDICAL charities are commonly characterized as bringing much needed financial support to speculative research.¹ Indeed, it is relatively easy to chart their grants and the publications or products that followed.² However, the impact of major donors, such as the Commonwealth Fund or the Rockefeller Foundation, went beyond the sums that they gave to laboratories and hospitals. With agendas of their own, which sometimes reflected the interests of their founders or a desire for tangible improvement to the health of a nation, philanthropic organizations could exercise a disproportionate influence on the medical community and on scientific programs in particular.³ Small-scale or innovative research departments, desperate to secure funding, may have tailored projects to meet the aims of medical charities. A researcher working within an experimental environment or a clinician responsive to patient needs might have been a better judge of what was effective or achievable than the executive of a medical charity responsible for setting broad research parameters. As a result, changes introduced to a research program to make it more appealing to a philanthropic organization may have produced projects that yielded less in terms of clinical gain or patient benefit. Although a process of consultation or peer-review was designed to provide specialist input to the assessment procedure, it was far from systematic in the interwar period. Assessors, appointed by a charity and plausibly sympathetic to its goals, may not have provided unbiased opinions. This article explores the relationship between the

1. Wilder Penfield, *The Difficult Art of Giving: The Epic of Alan Gregg* (Boston: Little, Brown & Co, 1967), 274–75; John Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913–1951* (Oxford: Oxford University Press, 2004); Marianne P. Fedunkiw, *Rockefeller Foundation and Medical Education in Toronto, Montreal, and Halifax* (Montreal: McGill-Queen's University Press, 2005); Howard S. Berliner, *System of Scientific Medicine: Philanthropic Foundations in the Flexner Era* (New York: Tavistock, 1985).

2. A. R. Hall and B. A. Bembridge, *Physic and Philanthropy, A History of the Wellcome Trust 1936–1986* (Cambridge: Cambridge University Press, 1986); *The Rockefeller Foundation: A History* (New York: Rockefeller Foundation, 2007).

3. Steven C. Wheatley, *The Politics of Philanthropy: Abraham Flexner and Medical Education* (Madison: University of Wisconsin Press, 1988).

Maudsley Hospital, a post-graduate medical school in psychiatry, and the Rockefeller Foundation to explore how their respective agendas impacted on research and education targets.

Opened in February 1923 at Camberwell in South London with the ambitious aim of raising the status of academic psychiatry within the UK, the Maudsley Hospital was designed to address the effective treatment of major mental illness. The blueprint had been drawn as early as 1907 by two doctors: Henry Maudsley, a psychiatrist in private practice, and Frederick Mott, a neuropathologist.⁴ The strategic goal set for the hospital was defined in the first instance by the philanthropic bequest of Henry Maudsley.⁵ His offer of £30,000, made in December 1907, came with three conditions. Under the first, the hospital was to concentrate on “the early treatment of cases of acute mental disorder, with the view as far as possible, to prevent the necessity of sending them to the county asylums.”⁶ Maudsley believed cases of psychosis could be “cured” if caught early and subjected to “individual treatment, mental and medical” in an institution freed from stigma.⁷ In 1907, following a visit to Kraepelin’s clinic at Munich,⁸ Mott conceived a more ambitious scheme for a hospital with facilities for post-graduate training in psychiatry and neurology.⁹ However, the gap that arose between conception and construction in 1915, allowed Edward Mapother, medical superintendent of the new hospital, to make changes, in particular to the type of patient to be admitted. While all three knew what they wished to achieve, they were far less certain of how the etiology of psychiatric disorders might be unlocked. To maximize their chances of therapeutic success,

4. Edgar Jones, Shahina Rahman, and Robin Woolven, “The Maudsley Hospital: Design and Strategic Direction, 1923–1939,” *Med. Hist.*, 2007, 51, 357–78.

5. Published Minutes of London County Council, 18 February 1908, 282, London Metropolitan Archives, London, UK (hereafter LMA).

6. Published Minutes of the London County Council, 18 February 1908, item 2, 282, LMA.

7. Ibid.

8. Rhodri Hayward, “Making Psychiatry English: The Maudsley and the Munich Model,” in *Inspiration, Co-operation, Migration: British-American-German Relations in Psychiatry, 1870–1945*, ed. Volker Roelcke and Paul Weindling (Rochester, NY: University of Rochester Press, 2008), 1–15.

9. F. W. Mott, “Preface,” *Arch. Neurol.*, 1907, 3, vi.

admissions were restricted to patients who appeared to have a good prognosis (young voluntary cases).¹⁰

To facilitate scientific experiment, the Central Pathological Laboratory of the London County Council (LCC), which served the state asylums that ringed the capital, was incorporated within the hospital buildings. Only doctors who had obtained post-graduate qualifications in general medicine were recruited to the five consultant posts at the Maudsley to raise standards of clinical competency.¹¹ Yet by 1927 it had become apparent to Mapother that this strategy had failed to produce the expected breakthrough in etiology or treatment. The hospital's medical school lacked the critical mass to conduct large-scale research. If the Maudsley were to challenge the leading departments of neuropsychiatry in America and Germany, it required capital investment in an "institute of psychiatry" so that full-time investigators from a range of disciplines could be employed. Denied access to funds in the UK, Mapother looked to the Rockefeller Foundation and sought to build an enduring partnership with its medical director, Alan Gregg. This article explores the dynamics of their relationship and the extent to which Mapother modified the research agenda and educational programs in response to the changing priorities of the Rockefeller Foundation in the period to 1945.

FUNDING THE MAUDSLEY

The LCC, which paid the fees of any person living within greater London who received treatment at the hospital, provided the Maudsley's core clinical funding.¹² While this income met running costs and the salaries of psychiatrists and nurses, it left no margin for research or training, nor indeed was it intended to do so.

Established by royal charter in 1920 to fund "the advance of the general level of the sciences contributory to medicine,"¹³ the

10. Edgar Jones and Shahina Rahman, "Framing Mental Illness (1923–1939): The Maudsley Hospital and Its Patients," *Soc. Hist. Med.*, 2008, 21, 107–25.

11. Edgar Jones, "Aubrey Lewis, Edward Mapother and the Maudsley," in *European Psychiatry on the Eve of War: Aubrey Lewis, the Maudsley Hospital and the Rockefeller Foundation in the 1930s*, ed. Katherine Angel, Edgar Jones, and Michael Neve (London: Wellcome Trust Centre for the History of Medicine, 2003), 12.

12. Report of the Asylums and Mental Deficiency Committee, 27 June 1922, LMA.

13. Anon., *Report of the Medical Research Council for the Year 1923–1924* (London: HMSO, 1924), 12.

Medical Research Council (MRC) rapidly became the UK's principle source of grant income. Having its origins in a program to investigate tuberculosis, the executive committee of the MRC was composed, with the exception of Henry Head, of eminent physicians who had little interest in psychiatry. The powerful secretary of the MRC, Sir Walter Morley Fletcher, a Cambridge University physiologist, saw the future of medicine in laboratory science rather than study of patient populations.¹⁴ However, a sub-committee for "mental disorders" under the chairmanship of Head was set up, composed of Frederick Mott, C. H. Bond, G. Elliot-Smith, G. M. Robertson, and Thomas Beaton of the Bethlem, who served as its secretary.¹⁵ On the retirement of Head in April 1926, Mott succeeded to the chairmanship, but the latter's death later in the year made this a brief appointment.¹⁶

During the 1920s, almost all of the grants authorized by the mental disorders committee were for laboratory-based studies. Mott, for example, had received an award to research the basal metabolism of the insane and to explore the iodine content of the thyroid gland,¹⁷ while in February 1925, Dr. Isabella Robertson of the Maudsley received £250 to study "vaso-motor reactions in psychoses and neuroses."¹⁸ On his appointment to the directorship of the Central Pathology Laboratory at the Maudsley in 1923, Dr. Frederick Golla was elected to the MRC mental disorders committee. A neurophysiologist, Golla focused the department's research program on brain chemistry.¹⁹ While this reflected his own interests, it also mirrored the strategic goals of the MRC.²⁰ Golla secured a regular flow of modest grants, including one in 1929 to explore "variations in certain physiological values in normal and

14. Christopher Lawrence, *Rockefeller Money, the Laboratory, and Medicine in Edinburgh 1919-1930, New Science in an Old Country* (Rochester, NY: University of Rochester Press, 2005), 22.

15. Anon., *Report of the Medical Research Council for the Year 1923-1924*, 128.

16. MRC Minute Book, 12 January 1915 to 10 December 1926, 30 April 1926, 403; 22 October 1926, 421-22, FD6/2, National Archives, Kew, UK (hereafter NA).

17. Anon., *Report of the Medical Research Council for the Year 1923-1924*, 75.

18. MRC Minute Book, 27 February 1925, 354, FD6/2, NA.

19. J. M. Bird, "The Father of Psychophysiology - Professor F. L. Golla and the Burden Neurological Institute," in *150 Years of British Psychiatry, Volume II, The Aftermath*, ed. Hugh Freeman and G. E. Berrios (London: Athlone, 1996), 501.

20. Hayward, "Making Psychiatry English," 1-15.

abnormal mental states.”²¹ Researchers attached to his laboratory, such as Dr. Sophia Antonovitch, also received financial support from the MRC.²² In 1933, Dr. M. A. Brazier secured a grant to investigate the “electrical impedance angle in disorders of the thyroid and psychoses,” while A. Tingey was funded to test the mineral content of blood taken from psychotic patients at the Maudsley.²³ However, none of these awards exceeded £300, nor was substantial investment directed to other mental institutions in the UK, suggesting that psychiatry was a low priority at the MRC.

Although the Central Pathology Laboratory consistently received modest financial support from the MRC, not until 1935 did Mapother or any of his Maudsley colleagues win a grant for population-based research. This surprising failure had two explanations. First, the executive committee of the MRC sought to fund medical science and remained “very critical of previous standards of work in psychiatry in England” and “included in this criticism the Maudsley.”²⁴ In June 1931, for example, Sir Walter Morley Fletcher told Alan Gregg of the Rockefeller Foundation that because the MRC had prioritized research into “virus diseases,” it would be “preferable not to have any formal relationship with the Maudsley.”²⁵ When, in 1932, Mapother made a formal request for “a few stable posts with salaries adequate for permanency,” Fletcher rejected the proposal.²⁶ This bias against clinical psychiatry may have prompted the resignation of the mental disorders committee of the MRC in August 1932.²⁷ The specific cause was not recorded, but it appears to have been deep rooted, as a replacement body was not appointed until March 1934, and it registered wholesale changes. Under the chairmanship of Professor E. D. Adrian, its membership included C. H. Bond, F. L. Golla, J. G. Greenfield, B. Hart, D. K. Henderson, E. O. Lewis, L. S. Penrose,

21. Anon., *Report of the Medical Research Council for the year 1928–1929* (London: HMSO, 1930), 86.

22. MRC Minute Book, 26 January 1927 to 19 June 1936, 24 May 1929, item 96, FD6/3, NA; *Medical Directory for 1930*, 36.

23. Anon., *Report of the MRC for the year 1933–1934* (London: HMSO, 1935), 105.

24. O'Brien to Gregg, 1 March 1938, 2, folder 255, box 19, series 401A, RF 1.1, Rockefeller Foundation Archive, Sleepy Hollow, New York (hereafter RFA).

25. Alan Gregg's diary, 7 June 1931, folder 247, box 18, series 401A, RF 1.1, RFA.

26. Letter from Edward Mapother to Sir Walter Morley Fletcher, 20 July 1932, FD1/2411, NA.

27. MRC Minutes, 15 August 1932, FD6/3, NA.

J. H. Quastel, T. A. Ross, and C. P. Symonds, while Sir David Munro served as secretary.²⁸

The second reason why clinical inquiry at the Maudsley was not supported by the MRC related to internal politics at the hospital. Because Mapother and Golla disagreed fundamentally on the direction that research was to take, they had little common ground on which to base collaborative projects. While Golla believed that intensive study of brain physiology held the key to understanding severe psychological disorders, Mapother sought to tie mental states and social psychiatry to neurophysiology. Indeed, according to Eliot Slater, Golla regarded Mapother's attempt to link these elements as "doomed to frustration but also a kind of barbarism."²⁹ The dispute between the two was never resolved.³⁰

In reality, Mapother could state his disapprovals (psychoanalytical interpretations of mental illness or rigid organic explanations) more clearly than he could identify lines of inquiry likely to unlock the secrets of mental illness. Although the unchallenged head of the hospital, Mapother had no interest in founding a school (like Kraepelin or Bleuler) and saw his role as creating an environment in which bright young doctors had license to experiment. Stokes recalled that Mapother "would be delighted and intrigued by a new approach, but would never instruct in research design Ideas were given a free rein so long as they had a reasonable quality and were supported by objective enquiry."³¹ This form of skeptical empiricism may have benefited the UK psychiatric profession more than the Maudsley itself, as many of the psychiatrists trained in this way became professors and heads of department elsewhere in Britain and former Imperial territories after 1945. During the inter-war period, the Maudsley itself did not become identified with a particular school of thought or over-arching line of inquiry, and Mapother was unable to provide a compelling and coherent strategy for research. Golla believed that a lack of funds and an unsupportive university deflected Mapother from the original aim of Maudsley and Mott that the hospital serve as a center for the intensive study

28. Ibid., 16 March 1934.

29. Eliot Slater, "Early Thinkers at the Maudsley," *Br. J. Psychiatry*, 1972, 121, 591-98.

30. William Sargant, *The Unquiet Mind, The Autobiography of a Physician in Psychological Medicine* (London: Heinemann, 1967), 36.

31. Stokes, "The Teacher," 13.

of mental illness by scientific experiment. Without resources for a large-scale laboratory, Golla concluded that Mapother followed a “therapeutically dramatic and assertive career that, in the view of many, somewhat detracted from its utility as a home for research.”³²

THE ROCKEFELLER FOUNDATION: ITS PHILANTHROPIC STRATEGY

Founded in 1913 to address public health and disease in the United States, the First World War saw the Rockefeller Foundation turn its attention overseas. An ambitious plan to tackle the prevention and treatment of tuberculosis in France led to the opening of a Paris office, which then became the organization’s headquarters in Europe.³³ Under George E. Vincent, the president, and Wickliffe Rose, general director of its International Health Board, the Foundation pursued an expansive program of support for medical research and public health education. Neither Vincent nor Rose was medically qualified, but both had distinguished careers as university teachers and administrators. Vincent, a professor of sociology at Chicago, had been president of the University of Minnesota before his appointment as head of the Foundation. Originally a college teacher, Rose was appointed professor of philosophy and dean of the University of Tennessee. In 1902, as a member of the Southern Education Board and later the General Education Board, Rose coordinated support for improved public education and teacher training. Appointed executive secretary of the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease in 1910, Rose directed the largest public health campaign in the American South. As educators, Vincent and Rose believed that scientific discovery had value only if it were used to promote social betterment.³⁴ Disease, they argued, lay at the root of poverty, while treatments and programs of education, if based on medical science, were raised to the status of universal solutions.³⁵ For Vincent and Rose an almost messianic motivation lay behind the distribution of Rockefeller philanthropy.

32. Frederick Golla, “An Appreciation,” *Lancet*, 1940, 1, 625–26.

33. Farley, *To Cast out Disease*, 44–55.

34. Robert E. Kohler, “Science and Philanthropy: Wickliffe Rose and the International Education Board,” *Minerva*, 1985, 23, 75–95, 79.

35. Lawrence, *Rockefeller Money*, 28.

In June 1921, Vincent and Rose traveled to Britain with other senior Rockefeller staff to explore ways of promoting medical research and training. At the heart of their philosophy was the notion that a healthy population could be attained only by controlling or eliminating communicable disease.³⁶ To implement this aim, Rose sought to “make the peaks higher,” to identify centers of excellence and buttress their enterprise.³⁷ Once in the UK, a three-day conference was held with Sir Walter Morley Fletcher, Sir J. Rose Bradford, Sir William Leishman, and Sir Herbert Read to discuss ways of translating their strategic plan into practical effect.³⁸ “The whole field of preventative medicine,” declared Rose, “is of fundamental importance from our point of view.”³⁹ The problem, as conceived by Vincent and Rose, was that doctors in training had “become thoroughly dominated in the medical school by the ideals of succeeding as practitioners, and it is extremely difficult to introduce, apparently, among our undergraduates a career in public health, or research, or teaching.”⁴⁰ By comparison with the largest U.S. medical schools, their British counterparts neglected training in the use of laboratory tests to assist diagnosis. An emphasis on general clinical experience also militated against the development of specialist knowledge.⁴¹ To address these shortcomings, Vincent proposed two central initiatives: investment in teaching and training facilities, and capital expenditure in specialist research units. For the latter, scale was considered important. “There are enormous advantages,” declared Rose, “in the organized co-operative attack on a research problem as compared with the utility of a large number of small institutions scattered over a large area of the world.”⁴² “Attitude” was a key word in the Rockefeller vocabulary: finding individuals and institutions that shared its ideals and could be trusted to translate grants into tangible results.⁴³

36. Farley, *To Cast out Disease*, 5.

37. Gábor Palló, “Make a Peak on the Plain: The Rockefeller Foundation’s Szeged Project,” in *Rockefeller Philanthropy and Modern Biomedicine*, ed. William H. Schneider (Bloomington: Indiana University Press, 2002), 87.

38. “Conference between Colonial Office and Representatives of the Rockefeller Foundation,” 10 June 1921, 159ff, CO323/874, NA.

39. *Ibid.*, 175, 176.

40. *Ibid.*, 177.

41. Lawrence, *Rockefeller Money*, 34–36.

42. “Conference between Colonial Office and Representatives of the Rockefeller Foundation,” 185.

43. Lawrence, *Rockefeller Money*, 47, 31.

To identify and validate programs of research and medical training, Vincent and Rose relied on the advice of others. To this end, Dr. Richard M. Pearce, formerly professor of research medicine at the University of Pennsylvania, was appointed director of the Foundation's newly created division of medical education.⁴⁴ One of Pearce's earliest briefs was to identify medical schools in Europe whose teaching and research could be materially improved by Rockefeller grants.⁴⁵ Having visited University College Hospital and the London School of Tropical Medicine during 1920, Pearce decided that the former possessed "the conditions necessary to insure the success of the newer methods of clinical teaching" to make it "an outstanding example for English medical schools."⁴⁶ In the following year, the Foundation granted £1.2 million to University College in three installments, to create an endowment for medical research and education, to construct an institute of anatomy, and to support a purpose-built obstetric hospital.⁴⁷ Designed to serve as a beacon for medicine led by academic science, it was hoped other colleges would follow this strategy.

In addition, Rose and Pearce also explored the idea of sponsoring a school of public health in London and in 1922 gave Foundation monies to construct laboratories and teaching facilities for a London School of Hygiene and Tropical Medicine.⁴⁸ This, too, was a capital intensive operation, costing \$2 million. In the winter of 1922–23, to provide accurate intelligence on which further awards might be based, Pearce made a lengthy visit to the UK to "survey all the medical schools of the British Isles."⁴⁹ Although he subsequently modified this ambitious plan, Pearce inspected King's

44. Anon., "Appointment of Dr Richard M. Pearce to Direct Medical Education Announced," *N. Y. Times*, 8 December 1919, 10.

45. William H. Schneider, "The Model American Foundation Officer: Alan Gregg and the Rockefeller Foundation Medical Divisions," *Minerva*, 2003, 41, 155–66, 157.

46. Anon., *Rockefeller Foundation Annual Report* (1920), 278.

47. Anon., "Obstetric Hospital, Rockefeller Gift," 28 April 1924, 591, CO323/931, NA.

48. Lise Wilkinson, "Burgeoning Visions of Global Public Health: The Rockefeller Foundation, the London School of Hygiene and Tropical Medicine, and the 'Hookworm Connection,'" *Studies Hist. Philosophy Biol. Biomed. Sci.*, 2000, 31, 397–408; Lise Wilkinson and Anne Hardy, *Prevention and Cure: A 20th Century Quest for Global Public Health* (London: Kegan Paul, 2001).

49. Letter from R. M. Pearce to Sir Walter Morley Fletcher, 22 July 1922, FD5/138, NA.

College Medical School, located directly opposite the Maudsley Hospital in Denmark Hill. With such overt interest in British educational and research institutions, it was scarcely surprising that Mapother considered that the Maudsley's post-graduate medical school might also benefit from Rockefeller philanthropy.

While attention has naturally focused on the efforts of hospitals and medical schools to secure funding for new laboratories or research programs, it should not be forgotten that the administrators of medical charities were themselves under pressure to identify worthwhile projects. Subject to public scrutiny, they had to show that their initiatives had yielded tangible gains in terms of innovative therapies, reduced mortality, or the dissemination of new ideas. Research and educational programs designed to eradicate communicable disease met these requirements but, as in the case of tuberculosis and many other common infections, medical science had as yet failed to produce effective treatments, leaving administrators open to the criticism that money had not been wisely spent.

In searching for achievable targets, Foundation managers assessed psychiatry as a discipline suitable for investment. A neglected and stigmatized area of medicine, mental illness was common and severe. If ways could be found to cure or control symptoms, this would represent a significant improvement in the wider health of society. Furthermore, the 1920s heralded an era of therapeutic optimism by some psychiatrists, driven by fever therapy, insulin and metrazol shock treatments, together with prefrontal lobotomy.⁵⁰ Thomas Salmon, a public health physician and chief medical officer of the National Committee for Mental Hygiene, played a key role in bringing psychiatry to the attention of the Foundation. Having publicized the discipline's relative neglect, Salmon also proposed a strategy for its salvation: investment in integrated departments of neuropsychiatry in America's leading medical schools.⁵¹ Although Salmon died prematurely in 1927, he had by then persuaded the Foundation to target psychiatry and over twenty years grants to a value of \$16 million were awarded.

50. Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton, NJ: Princeton University Press, 1983), 288-89.

51. Jack D. Pressman, *Last Resort, Psychosurgery and the Limits of Medicine* (Cambridge: Cambridge University Press, 1998), 28-31.

ROCKEFELLER MEDICAL FELLOWSHIPS

In 1923 the Rockefeller Foundation, then one of the world's largest medical charities, gave the MRC \$50,000 over three years to dispense as traveling fellowships for British doctors wishing to study in America. The MRC was entrusted with the selection of fellows and in 1923 made four awards, including one to Dr. Helen Ingleby, who chose to investigate the morbid histology of the central nervous system with Dr. Adolph Meyer at Johns Hopkins Medical School.⁵²

Without a budget for research, Mapother encouraged his staff to apply for Rockefeller medical fellowships to improve their training and to bring fresh ideas to the Maudsley. Towards the end of 1925, for example, Dr. W. S. Dawson gained an award to study child psychiatry in the United States. On his return to the UK in 1926, Dawson sought to implement a "psychobiological" approach to the sub-specialty by educating child-care workers and parents in the principles of psychology and enlisting general practitioners as "sympathetic agents" within psychiatric services.⁵³ Dawson also campaigned for the introduction of American models of teaching in British medical schools. Using examples drawn from the universities of Chicago, Columbia, Harvard, and the Phipps Institute at Johns Hopkins, he argued psychology should constitute a core component of the pre-medical curriculum so that medical students came to "psychiatry with a certain amount of preparation and with some understanding of the dynamic factors which underlie normal and abnormal conduct."⁵⁴

In June 1927, Dr. Thomas Tennent, an assistant medical officer at the Maudsley with an interest in child psychiatry, was awarded a Rockefeller fellowship to the value of £300.⁵⁵ During his year, he traveled widely, visiting the Child Guidance Clinic in Philadelphia, Dr. H. E. Chamberlain's clinic in Minneapolis, Dr. Adler's Institute of Juvenile Research in Chicago, and Dr. Shumaker's clinic in Cleveland. On his return to the Maudsley, Tennent as director of the hospital's child guidance clinic, introduced changes in practice and theory. The concept of "behavior disorder" replaced many traditional child

52. Anon., *Report of the Medical Research Council for the Year 1923-1924*, 122.

53. W. S. Dawson, "Teaching of Psychiatry to Medical Students," *Lancet*, 1926, 2, 722-24.

54. *Ibid.*, 723.

55. MRC Minute Book, 24 June 1927, item 100; 15 July 1927, item 121, FD6/3, NA.

diagnoses, and other health professionals were involved through case conferences.⁵⁶ In June 1931, his assistant, Dr. Mildred Creak, awarded a Rockefeller fellowship to the value of £400, visited clinics attached to U.S. medical schools engaged in the investigation of child disorders, including Klopp's unit in Allentown, Potter's in New York, and Bradley's specialist neuropsychiatric clinic in Rhode Island.⁵⁷

Other Rockefeller fellowships granted to Maudsley doctors included Eliot Slater, who in 1934–35 studied at Munich, Berlin, Vienna, and Zürich, and William Sargant, who in 1938 worked under Professor Stanley Cobb at Massachusetts General Hospital in Boston. By contrast, Desmond Curran joined the Maudsley at the end of his award, having studied with Adolf Meyer at the Phipps Psychiatric Institute, Baltimore.⁵⁸ While these Rockefeller awards improved the professional competence of Maudsley doctors and provided them with new hypotheses for investigation, they did nothing to address the core problem faced by Mapother: how to finance research that would win international credibility.

LOBBYING THE ROCKEFELLER FOUNDATION

By summer 1929, Mapother realized that if he were to secure funding for what was a young and unproven institution, he needed to establish personal links with the largest philanthropic agencies. At the invitation of the Commonwealth Fund (founded in 1918 by Anna Harkness, wife of one of the original Standard Oil investors, Stephen Harkness), Mapother crossed the Atlantic to visit the leading psychiatric departments in the United States and Canada. A tour, which included Pennsylvania Hospital, Harvard Medical School, McLean Hospital, and the Hartford Retreat, led him to identify a significant gap in resources, though Mapother believed that the crucial difference was one of attitude: “the medical spirit dominating [psychiatry in America], and [the] consequent pre-occupation with treatment and

56. Bonnie Evans, Shahina Rahman, and Edgar Jones, “Managing the ‘Unmanageable’: Interwar Child Psychiatry at the Maudsley Hospital, London,” *Hist. Psych.* 2008, 19, 455–76.

57. MRC Minute Book, 26 June 1931, item 83, FD6/3, NA.

58. Desmond Curran Rockefeller Fellowship card (1930–67), RFA.

research.”⁵⁹ However, this was not simply a fact-finding exercise, it was also designed to raise funds.

While in New York, Mapother obtained an introduction to Pearce, so that he could brief him on the Maudsley's aims and need for research income. However, the task facing Mapother should not be underestimated. After only six years of operation, it was scarcely surprising that the Maudsley had little in the way of published research and lacked clinicians of international status who might attract trainees from overseas. Although Frederick Mott had conducted groundbreaking research while the hospital was under construction, he had retired in 1923 and died three years later. Mapother himself published regularly in medical journals throughout the interwar period (on subjects as diverse as the nature of mental illness and its treatment, mental hygiene, eugenics and voluntary sterilization, war neurosis, and pension questions), but most of his papers were commentaries. He was not an innovative clinical researcher. Thus, there was little to suggest that any investment by the Rockefeller would lead to tangible results. Nothing happened as a result of the meeting, and any further action was stalled by Pearce's premature death in February 1930, an event that in the longer term plausibly benefited the Maudsley's cause.

During 1928, in a general restructuring exercise, the Rockefeller Foundation was consolidated into five divisions: international health, medical sciences, natural sciences, social sciences, and humanities. In practice, this reflected a change in funding emphasis away from educational institutions towards specific projects in medical science.⁶⁰ In addition, the United States, rather than Europe, was to be the focus of the division's activity. Although Pearce, as director of the new medical sciences division, tended to minimize the policy change, it was acknowledged by Dr. Alan Gregg, his senior associate director and successor.⁶¹ Gregg, who had qualified in medicine at Harvard and served with the British Army during the

59. Edward Mapother, "Impressions of Psychiatry in America," *Lancet*, 1930, 1, 848–52, 848.

60. Wheatley, *Politics of Philanthropy*, 168–69.

61. William H. Schneider, "The Men Who Followed Flexner: Richard Pearce, Alan Gregg and the Rockefeller Medical Divisions 1919–1951," in *Rockefeller Philanthropy and Modern Biomedicine*, ed. William H. Schneider (Bloomington: Indiana University Press, 2002), 31–33.

First World War, represented the Foundation in Europe. Once appointed to take over from Pearce, Gregg moved to New York in October 1930. He, in turn, was succeeded in Paris by his assistant, Dr. Daniel P. O'Brien. Qualifying in medicine from Johns Hopkins in 1920 and appointed to a research fellowship in medicine and bacteriology, O'Brien joined the Foundation in summer 1926. The continuity provided by O'Brien, who remained assistant director until his retirement in 1948, was important for the Maudsley, as he built up an enduring relationship with Mapother and the academic medical community in Britain.

In February 1930, Mapother contacted Gregg to request a significant endowment for "advanced research in psychiatry and allied subjects."⁶² In particular, he believed that the specialty needed the input of scientists drawn from biochemistry, the anatomy of the nervous system, psychology, and genetics. Unaware of the change in emphasis at the Foundation away from institutions towards specific projects, Mapother did not appear to recognize the focus on disease. However, Gregg took the approach seriously, and in June 1930 visited the Maudsley while on the trip to the UK.⁶³ Following their meeting, Gregg recorded in his diary: "my impression of M[apother] was that of a sincere, patient, long-sighted man without a great deal of originality or scientific interest."⁶⁴ Any reservations he had about Mapother also applied to the hospital, which with the possible exception of Golla, had no scientists of international standing. Gregg told Mapother that any decision about funding the Maudsley would have to wait until he had visited comparable institutions elsewhere in the UK and Europe.

Gregg had a different agenda to Pearce, not least because the Great Depression of 1929 had dramatically reduced the Foundation's income, reinforcing the emphasis on specific project grants.⁶⁵ For Europe in particular, the trend was towards an increasing proportion of small awards.⁶⁶ Gone were the days when the

62. Letter from Mapother to Gregg, 21 February 1930, C12/4, Mapother Box 13, Bethlem Royal Hospital Archives, Beckenham, Kent, UK (hereafter BRHA).

63. Letter from Gregg to Mapother, 4 June 1930, C12/4, Mapother Box 13, BRHA.

64. Alan Gregg's diary, 11 June 1930, folder 247, box 18, series 401A, RF 1.1, RFA.

65. Schneider, "Alan Gregg," 162; Marianne P. Fedunkiwi, *Rockefeller Foundation and Medical Education in Toronto, Montreal, and Halifax* (Montreal: McGill-Queen's University Press, 2005).

66. Schneider, "The Men Who Followed Flexner," 44–45.

Rockefeller provided major capital investment in a medical school or research institute. Gregg sought to target research in psychiatry and related disciplines such as neurology and psychology.⁶⁷ In part, this change of direction related to his interest in the field (his elder brother, Donald, was a psychiatrist) but also arose because Gregg believed that the discipline was “one of the most probably fruitful.”⁶⁸ In 1930, the Foundation had commissioned a report from David L. Edsall, dean of the Harvard Medical School and a trustee of the Rockefeller, into “possible psychiatric developments.” Edsall had concluded that Rockefeller expenditure might yield disproportionate gains because psychiatry had been neglected by medical science and stood about thirty years behind the state of general medicine.⁶⁹ Furthermore, successive presidents of the Foundation, Max Mason (1929–36) and Raymond Blaine Fosdick (1936–48), had a personal interest, their wives having suffered from mental illness.⁷⁰

In general, Gregg encouraged a psychobiological approach, drawing various disciplines together around laboratory facilities in the leading medical schools.⁷¹ This strategy allied with the Foundation’s “science of man” programs initiated in the 1930s and designed to encourage research that would identify and explain biological influences on human behavior.⁷² In attempting to define psychiatry, Gregg argued that the “most striking indication[s] that the psychoanalysts are on the right road” was the “broad biological basis” of their theories.⁷³ Although the science of man initiative worked in favor of the Maudsley’s case, the increasing recognition of psychoanalytical ideas ran contrary to Mapother’s position. In common with most UK psychiatrists, he was unconvinced by Freudian hypotheses and resisted the incorporation of

67. Wilder Penfield, *The Difficult Art of Giving: The Epic of Alan Gregg* (Boston: Little, Brown & Co, 1967), 231.

68. Excerpt from the Agenda of the Rockefeller Foundation meeting, 11 April 1933, box 2, series 906, RF 3.1, RFA.

69. David L. Edsall, “Memorandum Regarding Possible Psychiatric Developments,” 3 October 1930, folder 19, box 2, series 906, RF 3.1, RFA.

70. Schneider, “Alan Gregg,” 162.

71. Greg Wilkinson, interviewer, *Last Resort, Psychosurgery and the Limits of Medicine*, 34–35.

72. Doris T. Zallen, “The Nuffield Foundation and Medical Genetics in the United Kingdom,” in *Rockefeller Philanthropy and Modern Biomedicine*, ed. Schneider, 223.

73. Alan Gregg, “What is Psychiatry?” 12 March 1941, 6, folder 19, box 2, series 906, RF 3.1, RFA.

psychodynamic principles in etiology and treatment. Had Mapother adopted a more inclusive stance towards psychodynamic ideas, then he might have attracted funding sooner.⁷⁴

AN INSTITUTE OF PSYCHIATRY

The over-riding goal of Mapother was to establish an institute of psychiatry, a dedicated research and teaching facility. Although the Maudsley Hospital contained a small library and laboratories, its post-graduate medical school had no unified presence. A single lecture theater (formerly the out-patient waiting room) sufficed for teaching, while junior doctors undertook research projects as and when their clinical duties and training allowed.⁷⁵ Acutely aware of the limitations imposed by buildings designed for treatment in the early 1900s, Mapother believed that a rigorous research culture could flourish only when facilities were provided for full-time, multi-disciplinary teams. Yet the timing of his proposal was also influenced by expediency. He discovered that the Tavistock Square Clinic, an out-patient unit based in central London to treat “functional nervous disorders,” had prepared an application to the Rockefeller Foundation to fund an institute of medical psychology.⁷⁶ Considering the Tavistock Clinic the intellectual poor relation of the Maudsley (its treatment and training was based on psychoanalytic principles), Mapother wrote to Gregg in December 1930 to press the claims of his hospital.⁷⁷ The letter, which was as critical of the Tavistock as it was supportive of the Maudsley, revealed what Slater described as “Mapother’s own combative personality.”⁷⁸

With great determination, in March 1931, Mapother embarked on a campaign to endow “an institute of psychiatry and neuropathology” at

74. Katherine Angel, “Defining Psychiatry: Aubrey Lewis’s 1938 Report and the Rockefeller Foundation,” in *European Psychiatry on the Eve of War: Aubrey Lewis, the Maudsley Hospital and the Rockefeller Foundation in the 1930s*, ed. Katherine Angel, Edgar Jones, and Michael Neve (London: Wellcome Trust Centre for the History of Medicine, 2003), 50–54.

75. “Interview of Eliot Slater,” in *Talking About Psychiatry*, ed. Gregg Wilkinson (London: Gaskell, 1993), 9.

76. Anon., “Statement concerning the Tavistock Square Clinic for Functional Nervous Disorders and Its Plans for the Establishment of the Institute of Medical Psychology,” folder 337, box 26, series 401, RF 1.1, RFA.

77. Letter from Mapother to Gregg, 24 December 1930, folder 247, box 18, series 401A, RF 1.1, RFA.

78. Eliot Slater, “The Psychiatrist,” *Bethlem Maudsley Hosp. Gaz.* 1960, 4, 7–10, 9.

the Maudsley,⁷⁹ applying to the Foundation for financial support within a range from \$400,000 to \$754,000.⁸⁰ Although Gregg acknowledged that the Maudsley was “easily [the] most important institution [of British psychiatry],” world recession had cut Rockefeller income for large endowments.⁸¹ Furthermore, he had reservations about the Maudsley’s academic credentials and considered that a broader, scientific approach might be needed to tackle mental health questions. As a result, Gregg rejected the proposal in April “in favor of further negotiation with [Mapother] upon the subject with a view to a less extensive and more gradual development of research activities at the Maudsley.”⁸² Gregg indicated that the Foundation might consider funding “a series of men for five-year periods to develop [the hospital’s] research and training.”⁸³ Not deterred, Mapother sought financial support for six full-time research workers. When, in June 1931, Gregg returned to the Maudsley, he informed Mapother that no more than three posts might be possible. Gregg recorded in his diary that he had “emphasized the importance of men rather than schematically perfect selection of fields, and the value of good but unofficial advisers for the choice of candidates.”⁸⁴

In May 1932, Gregg proposed that the Rockefeller Foundation fund two junior and one senior fellowship at the Maudsley. “Behind such a project as this,” he observed, “lies the conviction that not enough good minds are going into clinical psychiatry and the related and contributory sciences of psychology.”⁸⁵ Towards the end of the year, O’Brien received positive feedback from Dr. Ralph Noble of Yale, who had visited the hospital. Noble described Mapother as “a good man,” though he thought “the weakness at the Maudsley is the lack of a link with medicine,” a crucial point if mental illness were considered a form of disease.⁸⁶ Negotiations continued into 1933, Mapother suggesting “something like a full-time department

79. Edward Mapother, “Appeal for the Endowment of an Institute of Psychiatry and Neuropathology at the Maudsley Hospital” (typescript, March 1931), C/12/4, Mapother Box 13, BRHA.

80. Staff Conference, Research in Psychiatry, 5 March 1931, folder 247, box 18, series 401A, RF 1.1, RFA.

81. Gregg to Mapother, 11 December 1931, C12/4, Mapother Box 13, BRHA.

82. Gregg to Mapother, 13 April 1931, C12/4, Mapother Box 13, BRHA.

83. Staff conference excerpt, 16 March 1931, folder 247, box 18, series 401A, RF 1.1, RFA.

84. Alan Gregg’s diary, 2 June 1931, folder 247, box 18, series 401A, RF 1.1, RFA.

85. Gregg to Mapother, 13 May 1932, C12/4, Mapother Box 13, BRHA.

86. Daniel P. O’Brien’s diary, 9 December 1932, folder 174, box 49, RF12.1, RFA.

including a geneticist, a biologist, two or three physiologists, an endocrinologist and a person working on conditioned reflexes, all of whom are to be under the guidance of the psychiatrist.”⁸⁷ However, nothing tangible was agreed, probably because Mapother’s requests exceeded what Gregg was willing to offer.⁸⁸

In the event, the matter was resolved by the exodus of distinguished Jewish medical scientists from Nazi Germany.⁸⁹ In August 1933, Professor Meyerhof of Heidelberg wrote to Mapother to ask whether his colleague, William Mayer-Gross, might be found a place at the Maudsley. Regarded as one of Germany’s leading phenomenologists, he was a catch, and Mapother offered him a one-year Commonwealth Fund fellowship endowed at the Maudsley. So that Mayer-Gross’s contract might be extended, Mapother secured Rockefeller funding for a further twelve months.⁹⁰ In addition, two other Jewish refugees, Eric Guttman from Breslau and Alfred Meyer from Bonn, became beneficiaries of Rockefeller monies during 1935.⁹¹ In 1934 and 1935, the MRC had also contributed £100 towards the salaries of Meyer and Dr. Eric Wittkower, who investigated respiratory abnormalities in schizophrenia.⁹² Orientated towards a Kraepelinian model of psychiatry, the German refugees found a receptive audience at the Maudsley because, as Lewis later wrote, of its crucial combination of “early treatment, research and post-graduate teaching.”⁹³

When Gregg visited the Maudsley in June 1934, he informed Mapother that the Foundation was not willing to fund “a neurology block” at the hospital.⁹⁴ Although cost was an issue, the medical sciences division restricted capital grants to centers with an

87. Ibid., 14 April 1933.

88. “Detail of information, Special research aid fund, Professor Willy Mayer-Gross,” 1933, folder 247, box 18, series 401A, RF 1.1, RFA.

89. Uwe Henrik Peters, “The Emigration of German Psychiatrists to Britain,” in *150 Years of British Psychiatry, Volume II, The Aftermath*, ed. Hugh Freeman and German E. Berrios (London: Athlone, 1996), 566.

90. Aubrey Lewis, “Edward Mapother and the Making of the Maudsley Hospital,” *Br. J. Psychiatry*, 1969, 115, 1349–66, 1358.

91. Aubrey Lewis, “William Mayer-Gross: An Appreciation,” in *The Later Papers of Sir Aubrey Lewis* (Oxford: Oxford University Press, 1979), 219–26, 220.

92. MRC Minute Book, 16 February 1934, it. 30; 18 January 1935, it. 20, FD6/3, NA.

93. Aubrey Lewis, “Henry Maudsley: His Work and Influence,” *J. Ment. Science*, 1951, 97, 259–77, 274.

94. Gregg’s diary, 2 June 1934, folder 247, box 18, series 401A, RF 1.1, RFA.

established international reputation. However, Nazi persecution was about to transform the status of the Maudsley. The arrival of refugee scientists at the Maudsley gave Gregg the reassurance he needed to invest in an untried post-graduate medical school. Believing that German research was of a higher caliber than that in the UK, officials at the Foundation considered that the presence of the émigrés would encourage home talent.⁹⁵ As a result, the Rockefeller awarded the Maudsley £9,000 over three years from 1935 to fund research.⁹⁶ In 1938, the Foundation agreed a further £5,000 per annum over five years to be divided equally between laboratory and clinical research.⁹⁷ Eliot Slater believed that the German psychiatrists had broadened the vision of their UK counterparts: “it gave a lot of people a lot more to think about. It taught them to pay close attention to their patients, to sift, to discriminate.”⁹⁸ When, in March 1938, O’Brien advised Gregg that the Maudsley was “good enough to plunge fairly heavily in the way of support,” Mapother had succeeded in establishing the hospital as a credible research institution in the eyes of the Foundation.⁹⁹ After a meeting with O’Brien, Mapother wrote to Aubrey Lewis, the hospital’s clinical director, to say that the Rockefeller “would later be prepared to make a large capital endowment, e.g. a hundred thousand pounds.”¹⁰⁰ Lewis himself had just completed a major survey of European psychiatry, funded by the Foundation, which by demonstrating the shortcomings of other research institutes and medical schools cast the Maudsley in a favorable light.¹⁰¹

Not only had the Rockefeller changed its judgment, but other medical charities had a fresh perspective on the Maudsley. Professor Edward Mellanby, a pharmacologist and physician, who had succeeded

95. Lambert to O’Brien, 8 January 1935, folder 251, box 19, series 401A, RF 1.1, RFA.

96. Rockefeller Foundation, appropriation RF 38061, 15 January 1934, folder 247, box 18, series 401A, RF1.1, RFA.

97. Anon., “Opening of the New Buildings, Forming the Second Extension of the Hospital... 14 July 1939,” 3, C12/4, Mapother Box 14, BRHA.

98. Wilkinson, “Talking about Psychiatry,” 8.

99. O’Brien to Gregg, 11 March 1938, folder 255, box 19, series 401A, RF 1.1, RFA.

100. Mapother to A. J. Lewis, 15 March 1938, King’s College Archive, Strand Campus, London, UK.

101. Jones, “Aubrey Lewis, Edward Mapother and the Maudsley,” 3–38.

Fletcher as secretary in 1933, was initially skeptical about psychiatric research, believing it unscientific and lacking rigor.¹⁰² Three years later he had revised his opinion and regarded experiment at the Maudsley as “interesting and promising,”¹⁰³ and subsequently indicated a willingness to fund long-term research at the hospital.¹⁰⁴ In July 1935, the MRC awarded Eliot Slater £500 a year to investigate the “physical and mental characteristics of the families of manic-depressives.”¹⁰⁵ In part, the grant reflected new priorities at the MRC. An economic upturn had seen the Council’s income rise, and in an attempt to “yield more fruitful results,” the executive committee decided to “identify research targets” rather than simply respond to applications.¹⁰⁶ Membership of the mental disorders committee had also changed significantly such that it took a broader view of what constituted acceptable research in psychiatry.¹⁰⁷

In April 1938, the Rockefeller Foundation offered \$127,500 to the Maudsley over a five-year period towards the expenses of an institute of psychiatry.¹⁰⁸ The funding was to pay the salaries of two or three clinical investigators, three workers in the Pathological Laboratory, and temporary technical assistants, technical apparatus, and laboratory supplies.¹⁰⁹ In addition, the LCC indicated that it might contribute £100,000 towards the costs of land, construction, and equipment.¹¹⁰ Just as these plans matured into action, two events combined to scupper the project. In spring 1939, Mapother’s deteriorating health brought him close to death, while in September Britain found itself at war.

GREGG, MAPOTHER, AND O’BRIEN

Given the significance of Rockefeller money to the Maudsley, the nature of the relationship between Mapother and the Foundation’s

102. Daniel P. O’Brien’s diary, 7–11 May 1934, box 49, RF12.1, RFA.

103. Ibid., 2 October 1936, box 49, RF12.1, RFA.

104. Ibid., 7 February 1938.

105. MRC Minute Book, 19 July 1935, item 146, FD6/3, NA.

106. Ibid., 24 May 1935, item 98, FD6/3, NA.

107. Anon., *Report of the Medical Research Council for the Year 1933–1934* (London: HMSO, 1935), 156.

108. Anon., “Research in Neurology, Psychiatry and Allied Subjects,” 1–6, folder 19, box 2, series 906, RF 3.1, RFA.

109. Anon., *Rockefeller Foundation Annual Report for 1938*, 162.

110. O’Brien to Gregg, 21 March 1939, 2, folder 256, box 19, series 401A, RF 1.1, RFA.

representatives was crucial. Both Gregg and O'Brien were socially skilled and, indeed, the latter was known for his love of entertaining and knowledge of fine wines. Warren Weaver recalled that O'Brien possessed "a great imaginative capacity, and a strangely sympathetic relation with shy and capable scholars."¹¹¹ Mapother was reserved and could be difficult, holding strong and often fixed views. Dr. C. P. Blacker, an assistant medical officer at the Maudsley, resigned following a dispute with Mapother over the recording of patient details, but subsequently became a close friend. "It was when we were both apologizing," Blacker recalled,

that I first beheld the thaw. He looked straight, searchingly and half humorously at me and smiled most engagingly – as if he were thinking what fools we both were, but that nevertheless we should make allowances for each other. Suddenly I found myself much drawn to him.¹¹²

Others also acknowledged the humanity that lay beneath Mapother's restrained and combative exterior.¹¹³

Gregg was more tolerant than his predecessor Pearce, and his relationship with Mapother proved sufficiently robust to permit enduring differences of opinion. The latter, for example, was highly critical of psychoanalysis. Mapother believed in a psychiatry founded on a philosophic "nominalism": a discipline that concerned itself solely with the observation and study of perceptible phenomena.¹¹⁴ His preference for verifiable data and dislike of speculation brought him into conflict with the Tavistock Clinic, which sought to incorporate Freudian explanations of mental illness. Gregg, by comparison, was receptive to psychoanalytic ideas.¹¹⁵ Not only did he support the grant of \$100,000 to the Institute of Psychoanalysis in Chicago, but in the immediate post-war period, he took a sympathetic interest in the Tavistock Clinic, which in February 1946 resulted in a grant of \$89,100.¹¹⁶ Had

111. Warren Weaver, "Ave Atque Vale," 19 August 1958, RFA.

112. Carlos P. Blacker, "Mapother Memorial, The Sportsman," *Bethlem Maudsley Hosp. Gaz.*, 1960, 3, 5–7, 5.

113. Anon., "Obituary Edward Mapother," *Br. Med. J.*, 1940, 1, 552–53; Anon., "Obituary Edward Mapother," *Lancet*, 1940, 1, 624–25.

114. Eliot Slater, "Professor Edward Mapother," *Character and Personality*, 1941, 9, 1–5, 2.

115. Penfield, *Difficult Art of Giving*, 274.

116. Alan Gregg interview of Dr. Elliott Jaques, 4 September 1947, folder 347, box 27, series 401, RF 1.1, RFA; Minutes of Rockefeller Foundation, 18 January 1946, folder 343, box 26, series 401, RF 1.1, RFA.

Mapother softened his line and incorporated psychoanalytical elements within his strategic plan for research, he might plausibly have attracted wider support within the Foundation.

In 1937, having formed a high regard for Gregg and O'Brien, Mapother proposed leaving the bulk of his personal assets, about \$250,000, to the Foundation to be held in a trust fund for research in psychiatry.¹¹⁷ In the event, Gregg declined the offer because the Rockefeller was not constituted to receive bequests for specific purposes. A chronic asthmatic, Mapother was forced to take early retirement in summer 1939 because of ailing health. Seeking a warmer climate, Mapother sounded out Gregg about a possible post with the Foundation in the United States. Although nothing transpired, the matter was settled in March 1940 by Mapother's death from respiratory failure at age fifty-nine.

POST-GRADUATE EDUCATION AND TRAINING

During the First World War, when the Maudsley had functioned as a "neurological clearing hospital" for soldiers, Mott ran two three-month courses on "shell shock and the war neuroses." Held during 1918 and officially sanctioned by the Director-General of Army Medical Services, places were open to both army and civilian doctors.¹¹⁸ From 1920 onwards, the LCC funded three-month courses in psychiatry for junior doctors employed in the asylum service.¹¹⁹ Under the direction of Mott, this post-graduate training was designed to prepare them for the Diploma in Psychological Medicine (DPM),¹²⁰ and it became the core teaching of the Maudsley Hospital Medical School when established by the University of London in 1924.¹²¹

After Mott's retirement, Golla took responsibility for the six-month DPM course and shared the bulk of the teaching with Mapother.¹²²

117. Memo by Gregg, 2 March 1937, folder 253, box 19, series 401A, RF 1.1, RFA.

118. Anon., "Shell Shock and the War Neuroses," *Br. Med. J.*, 1918, 2, 260.

119. A. H. Trevor and C. Hubert Bond, "Official Visit on Behalf of the Board of Control," 25 October 1923, 4, MH95/32, NA.

120. Henry Rollin, *Festina Lente, A Psychiatric Odyssey* (London: British Medical Journal, 1990), 20–22.

121. S. E. Hague, "The Hospital Today," *Bethlem Maudsley Gaz.*, 1953, 1, 47–48.

122. Lectures and Practical Courses of Instruction at the Maudsley Hospital... for a Diploma in Psychological Medicine, Course XIV, 1931, folder 247, box 18, series 401A, RF 1.1, RFA.

Although appointed to a lectureship at the adjacent King's College School of Medicine, Mapother viewed psychological medicine as a post-qualification discipline and thought it "highly impractical" to teach psychiatry within the existing undergraduate syllabus.¹²³ He was reluctant to lecture to medical students, not least because of his phobia of public speaking.¹²⁴ This stance drew him into conflict with Gregg, who saw education and research as inextricably linked.¹²⁵ Gregg believed that psychiatry should be a core element in a doctor's training to create "an interest in the medical student body," thereby allowing the specialty to compete for "the best brains in the medical schools."¹²⁶ Without a major teaching initiative at the pre-clinical stage, Gregg was concerned that able students would be lost to high-status specialties such as neurology.

At first, Mapother steadfastly resisted any suggestion that psychiatry be added to the undergraduate curriculum at King's. However, pressure on beds at the Maudsley led Mapother to take over a ward in the adjacent King's College Hospital, and this created an opportunity to teach medical students in a clinical setting. Whether it was the provision of this facility or the realization that it would benefit the Maudsley's case to support one of Gregg's key ideas that led to a softening in Mapother's views is not revealed. In March 1938, O'Brien reported to Gregg that "Mapother has given quite a bit of thought to this and has turned completely to your view," adding he "has more flexibility than I considered possible during my early contact with him."¹²⁷ Mapother may have missed a funding opportunity through his earlier intransigence as the Rockefeller Foundation gave considerable sums during the 1930s to promote the teaching of neuropsychiatry, including a grant of \$80,000 to Harvard Medical School in 1933, \$54,600 to McGill University in 1934, together with \$168,000 to the University of Chicago and \$300,000 to Yale in 1935.¹²⁸

123. O'Brien's diary, 3 November 1936, box 49, RF12.1, RFA.

124. Aldwyn Stokes, "The Teacher," *Bethlem Maudsley Hosp. Gaz.*, 1960, 3, 1-15, 14; Desmond Curran, "Mapother the Man," *Bethlem Maudsley Hosp. Gaz.*, 1960, 3, 4-5, 5.

125. Schneider, "Alan Gregg," 162.

126. O'Brien to Gregg, 12 January 1938, 2, folder 254, box 19, series 401A, RF 1.1, RFA.

127. O'Brien to Gregg, 11 March 1938, folder 255, box 19, series 401A, RF 1.1, RFA.

128. Anon., "Teaching in Psychiatry and Neurology," 1-3, folder 19, box 2, series 906, RF 3.1, RFA.

WARTIME SUPPORT

Located in south London, an area thought likely to experience heavy air-raids, the Maudsley closed in August 1939, and its staff deployed to two hospitals opened in the suburbs (Mill Hill in the north and Sutton in the south) to treat the mass psychiatric casualties expected from air raids. Designed to return traumatized civilians to productive activity as quickly as possible, research and teaching were low priorities at these new units.¹²⁹ In the event, psychiatric casualties did not arise in the numbers predicted, and the hospitals admitted soldiers invalided from Dunkirk and North Africa. Without the pressure of mass civilian casualties, opportunities for research arose, particularly for the increasing number of psychologists based at Mill Hill. Among those appointed were Eric Trist, J.C. Raven, Hans Eysenck, and Monte Shapiro. Recruited from the Royal Eastern Institution at Colchester, Raven had been a recipient of MRC grants in the late 1930s.¹³⁰ His intelligence tests, called “progressive matrices,” were used to identify “neurotic factors” that might interfere with performance and later to assign service personnel to re-training schemes.¹³¹ Nevertheless, treatment remained paramount, such that by January 1943, less than half of the \$127,500 Rockefeller grant had been spent.¹³² A two-year extension was agreed so that it ran to the end of June 1945. In this latter period, research conducted by Eysenck and two other psychologists included “suggestibility and hypnotisability in relation to personality traits and clinical syndromes.”¹³³

In 1948, Aubrey Lewis, who had succeeded Mapother as professor of psychiatry at the Maudsley, persuaded the British Postgraduate Medical Federation, a school of the University of London, to take financial responsibility for the hospital’s medical school, renamed the “Institute of Psychiatry.” At last, Mapother’s

129. Mapother to O’Brien, 29 December 1939, folder 257, box 19, series 401A, RF 1.1, RFA.

130. MRC Minutes 1936 to 1939, 11 February 1937, FD6/4, NA.

131. Anon., “Report on the Rockefeller Research Grant for the year ending 30 June 1941,” 2–3, folder 258, box 19, series 401A, RF 1.1, RFA.

132. Anon., “Research in Neurology, Psychiatry and Allied Subjects,” 1–6, folder 19, box 2, series 906, RF 3.1, RFA.

133. Anon., “Rockefeller Report 1943–44,” folder 260, box 19, series 401A, RF 1.1, RFA.

dream had become a reality.¹³⁴ Lewis also obtained finance from the MRC to set up a “Unit for Research in Occupational Adaption,” later known as the Social Psychiatry Research Unit.¹³⁵ Although Eysenck was awarded a grant in 1953 by the Rockefeller to study the psychological effects of frontal lobotomy,¹³⁶ the connection between the two institutions had drawn to a close. The incorporation of the Institute of Psychiatry within London University, together with the death of Mapother in 1940 and retirement of O’Brien in 1948, ended both the critical need for funding from overseas and the personal links that had made it possible.

CONCLUSION

In essence, this has been the story of a tension between a fledgling research hospital in search of funding and one of the world’s largest philanthropic foundations. At the outset, a significant imbalance existed between their respective sizes and financial resources. Both sides initially approached the other in a rigid way and not unsurprisingly failed to reach any form of agreement. However, a downturn in the Rockefeller’s fortunes, a strategic decision to support projects rather than institutions, and the identification of psychiatry as a promising target led to a more accommodating position. Mapother, too, became more flexible and sought to meet the educational goals of the Foundation. It was a curious irony that at the point at which support for an “institute of psychiatry” came to fruition, the Second World War intervened and temporarily brought the project to a halt.

Recent historical study, counterbalancing the claims made by foundations themselves, has played down the impact of medical philanthropy.¹³⁷ Although the sums given appear less substantial if expressed as a proportion of U.S. national income, they remained large in terms of medical school budgets, and arguably exercised a disproportionate effect when focused on a single discipline, such as psychiatry. Indeed, if Richard M. Pearce and Alan Gregg failed to

134. Anon., *Institute of Psychiatry 1924–1974* (London: Bethlem Royal and Maudsley Hospital, 1974), 2.

135. Wilkinson, “Talking about Psychiatry,” 107.

136. RF53131 Grant to H. J. Eysenck to study the psychological effects of frontal-lobe operations, folder 76, box 9, series 401A, RF 1.2, RFA.

137. Ellen C. Lagemann, ed., *Philanthropic Foundations: New Scholarship, New Possibilities* (Bloomington: Indiana University Press, 1999), ix–xvii.

achieve all of their goals, in part, this related to the ambitious targets that they had selected.¹³⁸ Administrators of philanthropy were under no less pressure to achieve results than the teachers and researchers who sought grants.

Gregg believed that the strategic decision of the Rockefeller Foundation, taken in the late 1920s, to abandon long-term institutional funding in favor of short-term project grants often led to fragmentary and inconclusive studies.¹³⁹ Without guaranteed support, medical schools increasingly attempted to second guess their benefactors and tailored applications to meet their wishes. In psychiatry, a discipline where fundamental questions of etiology were unanswered and where clinicians lacked effective treatments, this policy change was particularly damaging. Limited studies across a wide range of topics were unlikely to address core issues. Having recognized this problem, Mapother concentrated his energy into raising funds for an institute of psychiatry, designed to apply academic science to the conundrum of mental illness.¹⁴⁰ While his campaign linked with the Rockefeller's focus on psychiatry, the Maudsley lacked an academic base in laboratory science and, like so much of British hospital medicine, was orientated towards the acquisition of clinical experience. Furthermore, Gregg was unable to persuade the Rockefeller to return to its earlier policy of long-term support for institutions committed to both research and education.¹⁴¹ Thus, in an era before evidence-based clinical practice and peer-review procedures, the relationship between philanthropic foundations and medical schools, scientific rigor was far from being the only criteria that determined the award of grants.

138. William H. Schneider, "Introduction," in *Rockefeller Philanthropy and Modern Biomedicine, International Initiatives from World War I to the Cold War*, ed. William H. Schneider (Bloomington: Indiana University Press, 2002), 2–3.

139. Schneider, "The Men who Followed Flexner," 52.

140. Memorandum from Edward Mapother to the sub-committee appointed to consider possible developments arising out of the Mental Treatment Act of 1930, 3, MH95/32, NA.

141. Wheatley, *Politics of Philanthropy*, 178.